

RECEIVED
CENTRAL FAX CENTER

JUL 06 2004

CERTIFICATE OF FACSIMILE TRANSMISSION 37 C.F.R. 1.6 & 1.8

I CERTIFY THAT THIS CORRESPONDENCE IS BEING TRANSMITTED BY FACSIMILE TO THE PATENT AND TRADEMARK OFFICE ON THE DATE AND TO THE NUMBER SHOWN BELOW. FAX NO. 1-703-872-9306 COMPRISING SEVENTEEN (17) SHEETS INCLUDING THIS PAGE.

Date:

July 6, 2004

Samuel W. Apicelli
Reg. No. 36,427

OFFICIAL

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/626,366
Applicant : Cathy Ilyse Hess
Filed : 07/24/2000
Title : CLINICAL WOUND MANAGER AND METHOD
TC/A.U. : 3626
Examiner : FRENEL, VANEL

Docket No. : D4857-00006

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Sir:

TRANSMITTAL LETTER

Please find enclosed for filing:

- ☒ Request for Continued Examination (RCE) submitted in duplicate
☒ Preliminary Amendment
☒ Transmittal Letter. The Director is hereby authorized to charge the RCE fee required under 37 CFR 1.17(e), namely \$385.00 and the fee for three (3) independent claims in excess of three (3) independent claims, namely \$129.00, to Deposit Account No. 04-1679.
☒ Certificate of Facsimile

Date:

7/6/04

Respectfully Submitted,

Samuel W. Apicelli

Samuel W. Apicelli

Registration No. 36,427

Customer No. 000041396

DUANE MORRIS LLP

305 North Front Street, P.O. Box 1003

Harrisburg, PA 17108-1003

(717) 237-5516

HBG\128417.1